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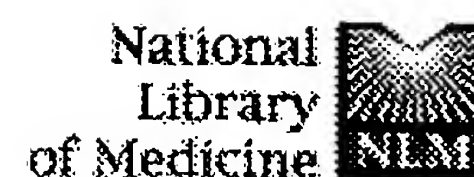
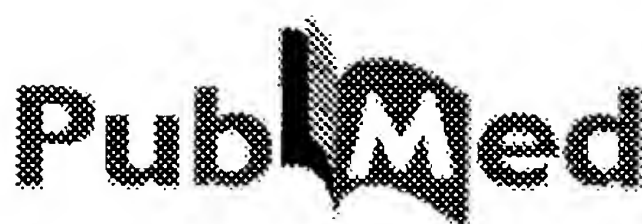
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		<i>DB=PGPB,USPT,EPAB,JPAB,DWPI; PLUR=YES; OP=OR</i>	
<input type="checkbox"/>	L4	(spin\$4 near3 compres\$7 or hernia\$ or facet adj joint or facet-joint or scaitica or degerat\$6 near disc or compression adj neuroph\$5) same (botulinum or botox)	2
<input type="checkbox"/>	L3	L2 not l1	4
<input type="checkbox"/>	L2	(spin\$4 near3 compres\$7 or hernia\$ or facet adj joint or facet-joint or scaitica or degerat\$6 near disc or compression adj neuroph\$5) same (intrinsic and muscle or multifidus or rotator)	39
<input type="checkbox"/>	L1	(spin\$4 near3 compres\$7 or hernia\$) same (intrinsic and muscle or multifidus or rotator)	35

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Search	Most Recent Queries	Time	Result
#16	Search #8 AND ("intrinsic muscle" or multifidus) Field: Title/Abstract, Limits: Publication Date to 2002/01/31	09:07:06	9
#10	Search #8 NOT "rotator cuff" Field: Title/Abstract, Limits: Publication Date to 2002/01/31	09:05:54	69
#15	Related Articles for PubMed (Select 10769103)	09:05:42	200
#8	Search (intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica) Field: Title/Abstract, Limits: Publication Date to 2002/01/31	08:56:39	72
#7	Search (botulinum or botox) AND (intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica) Field: Title/Abstract, Limits: Publication Date to 2002/01/31	08:56:28	0
#6	Search (botulinum or botox) AND (intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica or spine or compression neuropath*) Field: Title/Abstract, Limits: Publication Date to 2002/01/31	08:55:59	0
#4	Search (intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica or spine or compression neuropath*) Field: Title/Abstract, Limits: Publication Date to 2002/01/31	08:55:27	311
#3	Search (intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica or spine or compression neuropath*) Limits: Publication Date to 2002/01/31	08:55:14	448
#2	Search (botulinum or botox or intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica or spine or compression neuropath*) Field: All Fields, Limits: Publication Date to 2002/01/31	08:54:49	492
#1	Search (botulinum or botox or intrinsic or multifidus or rotator) AND (hernia* or spinal compress* or sciatica or spine or compression neuropath*)	08:54:24	579

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Jun 1 2004 06:47:16

STN Search History

FILE 'HOME' ENTERED AT 09:11:07 ON 09 JUN 2004

L1 QUE (INTRINSIC (3N) MUSCL### OR MULTIFIDUS OR ROTATOR) (P) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L3 109 (BOTULINUM OR BOTOX OR PARALY!) (P) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L6 0 L3 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L7 0 L3 AND (INTRINSIC (3N) MUSCL### OR MULTIFIDUS OR ROTATOR) (S) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L8 0 L3 AND (MULTIFIDUS OR ROTATOR) (P) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L9 154 L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA OR SPINE OR COMPRESSION (A) NEUROPATH!)

L11 5 L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S) (HERNIA! OR SPINAL (A) COMPRESS! OR SCIATICA)

L14 0 L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S) (HERNIA! OR SPINAL (A) COMPRESS!)

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(FILE 'HOME' ENTERED AT 09:11:07 ON 09 JUN 2004)

INDEX 'ADISCTI, ADISINSIGHT, ADISNEWS, AGRICOLA, ANABSTR, AQUASCI, BIOBUSINESS, BIOCOMMERCE, BIOSIS, BIOTECHABS, BIOTECHDS, BIOTECHNO, CABA, CANCERLIT, CAPLUS, CEABA-VTB, CEN, CIN, CONFSCI, CROPB, CROPU, DISSABS, DDFB, DDFU, DGENE, DRUGB, DRUGMONOG2, ...' ENTERED AT 09:11:49 ON 09 JUN 2004

SEA (INTRINSIC (3N) MUSCL### OR MULTIFIDUS OR ROTATOR) (P) (HE

2 FILE ADISCTI
0* FILE ADISNEWS
3 FILE AQUASCI
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80 FILE BIOSIS
1* FILE BIOTECHABS
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2 FILE CABA
2 FILE CANCERLIT
1 FILE CAPLUS
0* FILE CEABA-VTB
0* FILE CIN
7 FILE DISSABS
3 FILE EMBAL
136 FILE EMBASE
18* FILE ESBIODASE
2* FILE FEDRIP
0* FILE FOMAD
0* FILE FOREGE
0* FILE FROSTI

0* FILE FSTA
 1 FILE HEALSAFE
 7 FILE IFIPAT
 19 FILE JICST-EPLUS
 0* FILE KOSMET
 6 FILE LIFESCI
 4* FILE MEDICNF
 128 FILE MEDLINE
 8 FILE NIOSHTIC
 1* FILE NTIS
 0* FILE NUTRACEUT
 1 FILE OCEAN
 134* FILE PASCAL
 0* FILE PHARMAML
 1 FILE PHIN
 11 FILE PROMT
 107 FILE SCISEARCH
 4 FILE TOXCENTER
 62 FILE USPATFULL
 3 FILE USPAT2
 8 FILE WPIDS
 1 FILE WPIFV
 8 FILE WPINDEX
 0* FILE BABS
 0* FILE CBNB
 2 FILE DIOGENES
 12 FILE INVESTEXT

L1 QUE (INTRINSIC (3N) MUSCL### OR MULTIFIDUS OR ROTATOR) (P) (HER

FILE 'MEDLINE, CAPLUS, BIOSIS, IMOBILITY, SCISEARCH, PASCAL' ENTERED AT
 09:14:56 ON 09 JUN 2004

L2 450 S L1
 L3 109 S (BOTULINUM OR BOTOX OR PARALY!) (P) (HERNIA! OR SPINAL (A) CO
 L4 0 S L3 AND L2
 L5 358 S L2 NOT PY>2001
 L6 0 S L3 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S)
 L7 0 S L3 AND (INTRINSIC (3N) MUSCL### OR MULTIFIDUS OR ROTATOR) (S)
 L8 0 S L3 AND (MULTIFIDUS OR ROTATOR) (P) (HERNIA! OR SPINAL (A) C
 L9 154 S L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S)
 L10 96 DUP REM L9 (58 DUPLICATES REMOVED)
 L11 5 S L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S)
 L12 4 DUP REM L11 (1 DUPLICATE REMOVED)
 L13 0 S L5 AND (BOTULINUM OR BOTOX OR PARALY!)
 L14 0 S L5 AND (INTRINSIC (A) MUSCL### OR MULTIFIDUS OR ROTATOR) (S)

L12 ANSWER 1 OF 4 MEDLINE on STN
 AN 2002120151 MEDLINE
 DN PubMed ID: 11854766
 TI Swelling of the leg, deep venous thrombosis and the piriformis syndrome.
 AU Bustamante S; Houlton P G
 CS Department of Anaesthetics, St Peter's Hospital, Surrey, United Kingdom..
 saralaredo@hotmail.com
 SO Pain research & management : journal of the Canadian Pain Society =
 journal de la societe canadienne pour le traitement de la douleur, (2001
 Winter) 6 (4) 200-3.
 Journal code: 9612504. ISSN: 1203-6765.
 CY Canada
 DT (CASE REPORTS)
 Journal; Article; (JOURNAL ARTICLE)
 LA English
 FS Priority Journals
 EM 200205
 ED Entered STN: 20020221
 Last Updated on STN: 20020502
 Entered Medline: 20020501
 AB BACKGROUND: The piriformis syndrome, which was first described 60 years
 ago, is a well recognized cause of **sciatica**, leg pain and low
 back pain, due to the entrapment of the sciatic nerve in the piriformis
 and other **rotator** muscles. Very few complications relating to
 this syndrome have been described. AIMS: To discuss how the piriformis
 syndrome may cause venous engorgement in the lower limb, and how the
 piriformis syndrome should be included as a possible cause of acute deep
 venous thrombosis in a not initially swollen leg. Both complications can
 occur independently. METHODS: Two cases of swelling of the leg and acute
 deep venous thrombosis independently associated with the piriformis
 syndrome are presented. CONCLUSIONS: Swelling of the leg and deep venous
 thrombosis are possible complications of the piriformis syndrome that
 occur due to entrapment of nerves and vessels within the leg, secondary to
 a severe spasm and hypertrophy of the piriformis and other **rotator**
 muscles.

L12 ANSWER 2 OF 4 MEDLINE on STN DUPLICATE 1
 AN 2002058005 MEDLINE
 DN PubMed ID: 11783838
 TI Injections and surgical therapy in chronic pain.
 AU Bernstein R M
 CS Family Medicine Centre, Elizabeth Bruyere Health Centre, Ottawa, Ontario,
 Canada.. rmbornst@uottawa.ca
 SO Clinical journal of pain, (2001 Dec) 17 (4 Suppl) S94-104. Ref: 17
 Journal code: 8507389. ISSN: 0749-8047.
 CY United States
 DT Journal; Article; (JOURNAL ARTICLE)
 General Review; (REVIEW)
 (REVIEW, TUTORIAL)
 LA English
 FS Priority Journals
 EM 200206
 ED Entered STN: 20020125
 Last Updated on STN: 20020611
 Entered Medline: 20020606
 AB OBJECTIVE: The purpose of this review was to determine how effective
 surgery and injection therapy are in the management of chronic pain.
 METHODOLOGY: A standardized literature search identified seven systematic
 reviews of the literature and six randomized controlled trials to provide
 evidence about surgery and injection therapy for chronic pain. RESULTS:

Some study subjects had highly specific diagnoses, whereas other study subject groups had nonspecific pain, including multiple conditions. The timing of treatment interventions was generally unclear, and few studies analyzed subgroups. Overall, there was a lack of methodologically sound studies of surgery and injection therapies. CONCLUSIONS: Standard discectomy compared with conservative treatment for proven disc herniation (< or = 1 year) and local triamcinolone injection for lateral epicondylitis (< or = 12 weeks) are both effective for pain relief (level 2). There was limited evidence of effectiveness (level 3) of intraoperative steroid at discectomy, epidural steroid injection for **sciatica** with low back pain, caudal steroid injection for low back pain, local glycosaminoglycan polyphosphate injection for lateral epicondylitis, intraarticular steroid injection for shoulder arthritis, subacromial steroid injections for **rotator** cuff tendinitis, nonspecific injections for painful shoulder, systemic growth hormone for fibromyalgia, and intravenous adenosine for fibromyalgia. There was limited evidence (level 3) that there is no additional benefit of adding steroid to local anesthetic in caudal epidural injections. There is limited evidence (level 3) that intravenous adenosine is ineffective for fibromyalgia. The remaining evidence was inadequate (level 4a) or contradictory (level 4b).

- L12 ANSWER 3 OF 4 BIOSIS COPYRIGHT 2004 BIOLOGICAL ABSTRACTS INC. on STN
 AN 2002:175350 BIOSIS
 DN PREV200200175350
 TI 46th Week of Rheumatology at Aix-les-Bains, Aix-les-Bains, France, April 4-6, 2001.
 AU Anonymous
 SO Rhumatologie, (Avril, 2001) Vol. 53, No. 3, pp. 7-36. print.
 Meeting Info.: 46th Week of Rheumatology at Aix-les-Bains. Aix-les-Bains, France. April 04-06, 2001.
 ISSN: 0249-7581.
 DT Conference; (Meeting)
 Conference; (Meeting Summary)
 LA French
 ED Entered STN: 6 Mar 2002
 Last Updated on STN: 6 Mar 2002
 AB This meeting contains a total of 25 abstracts, all in French, on various topics in rheumatology. Topics covered in the meeting include **rotator** cuff bursography, bacterial spondylodiscitis in an HIV-infected patient, Waldenstrom's disease, the Scarf osteotomy, knee prostheses comparison, Gaucher disease, spondyloarthropathy and retroperitoneal fibrosis, Wegener disease in rheumatology, chronic inflammatory rheumatism and anti-filaggrin antibodies, morphine and opioids in rheumatological pain, infectious events in methotrexate rheumatological treatment, bacterial osteoarthritis, the neuromuscular biopsy in **sciatica**, and sternal metastases of breast cancer.
- L12 ANSWER 4 OF 4 PASCAL COPYRIGHT 2004 INIST-CNRS. ALL RIGHTS RESERVED. on STN
 AN 2002-0095708 PASCAL
 CP Copyright .COPYRGT. 2002 INIST-CNRS. All rights reserved.
 TIEN Injections and surgical therapy in chronic pain
 Etiology, Prevention, Treatment, and Disability Management of Chronic Pain: As reported to the Ontario Workplace Safety and Insurance Board
 AU BERNSTEIN Robert M.
 SMITH Brock (ed.); GRIBBIN Moira (ed.)
 CS Medical Informatics Research Group, Department of Ottawa, and Family Medicine Centre, Elizabeth Bruyere Health Centre, Ottawa, Ontario, Canada
 Chronic Pain Expert Advisory Panel, Workplace Safety and Insurance Board, Toronto, Ontario, Canada

SO The Clinical journal of pain, (2001), 17(4, SUP), S94-S104, 17 refs.
ISSN: 0749-8047 CODEN: CJP AEU

DT Journal

BL Analytic

CY United States

LA English

AV INIST-20743, 354000094671360160

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AB Objective: The purpose of this review was to determine how effective surgery and injection therapy are in the management of chronic pain. Methodology: A standardized literature search identified seven systematic reviews of the literature and six randomized controlled trials to provide evidence about surgery and injection therapy for chronic pain. Results: Some study subjects had highly specific diagnoses, whereas other study subject groups had nonspecific pain, including multiple conditions. The timing of treatment interventions was generally unclear, and few studies analyzed subgroups. Overall, there was a lack of methodologically sound studies of surgery and injection therapies. Conclusions: Standard discectomy compared with conservative treatment for proven disc herniation (≤ 1 year) and local triamcinolone injection for lateral epicondylitis (≤ 12 weeks) are both effective for pain relief (level 2). There was limited evidence of effectiveness (level 3) of intraoperative steroid at discectomy, epidural steroid injection for **sciatica** with low back pain, caudal steroid injection for low back pain, local glycosaminoglycan polyphosphate injection for lateral epicondylitis, intra-articular steroid injection for shoulder arthritis, subacromial steroid injections for **rotator** cuff tendinitis, nonspecific injections for painful shoulder, systemic growth hormone for fibromyalgia, and intravenous adenosine for fibromyalgia. There was limited evidence (level 3) that there is no additional benefit of adding steroid to local anesthetic in caudal epidural injections. There is limited evidence (level 3) that intravenous adenosine is ineffective for fibromyalgia. The remaining evidence was inadequate (level 4a) or contradictory (level 4b).